

For the year Jan. 1-Dec. 31, 2016, or other tax year beginning

, 2016, ending

20

See separate instructions.

Your first name and initial

Last name

Robert J

Pitre

If a joint return, spouse's first name and initial

Last name

Katrina

Pitre

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

2310 Bonnieview Road

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Dallas TX 75216

Foreign country name

Foreign province/state/county

Foreign postal code

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

 You Spouse**Filing Status**1 Single4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ►2 Married filing jointly (even if only one had income)5 Qualifying widow(er) with dependent child3 Married filing separately. Enter spouse's SSN above and full name here. ►

Check only one box.

Exemptions6a **Yourself.** If someone can claim you as a dependent, do not check box 6a

Boxes checked on 6a and 6b

2

b **Spouse**

No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

c **Dependents:**

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) if child under age 17 qualifying for child tax credit (see instructions)If more than four dependents, see instructions and check here ► **Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2

7

12,108.

8a Taxable interest. Attach Schedule B if required

8a

12,108.

b Tax-exempt interest. Do not include on line 8a

8b

9a

12,108.

9a Ordinary dividends. Attach Schedule B if required

9b

10

12,108.

b Qualified dividends

11

12,108.

10 Taxable refunds, credits, or offsets of state and local income taxes

12

-49,193.

11 Alimony received

13

2,370,993.

12 Business income or (loss). Attach Schedule C or C-EZ

14

876.

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ►

15b

12,108.

14 Other gains or (losses). Attach Form 4797

16b

12,108.

15a IRA distributions **15a**

17

-143,818.

16a Pensions and annuities **16a**

18

12,108.

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

19

12,108.

18 Farm income or (loss). Attach Schedule F

20b

12,108.

19 Unemployment compensation

21

-161,864.

20a Social security benefits **20a**

22

2,029,102.

21 Other income. List type and amount **Net Operating Loss - SEE STMT**

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ►

Adjusted Gross Income

23 Educator expenses

23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

24

25 Health savings account deduction. Attach Form 8889

25

26 Moving expenses. Attach Form 3903

26

27 Deductible part of self-employment tax. Attach Schedule SE

27

28 Self-employed SEP, SIMPLE, and qualified plans

28

29 Self-employed health insurance deduction

29

30 Penalty on early withdrawal of savings

30

31a Alimony paid **b Recipient's SSN** ►

31a

32 IRA deduction

32

33 Student loan interest deduction

33

34 Tuition and fees. Attach Form 8917

34

35 Domestic production activities deduction. Attach Form 8903

35

36 Add lines 23 through 35

36

37 Subtract line 36 from line 22. This is your **adjusted gross income** ►

37

2,029,102.

Name(s) shown on return

Robert J & Katrina Pitre

► Attach to Form 1040A or 1040.
 ► Information about Schedule B and its instructions is at www.irs.gov/scheduleb.

Your social security number
 [REDACTED]

Part I
Interest

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 8a.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions on back and list this interest first. Also, show that buyer's social security number and address ►

MidSouth Bank, NA
 MidSouth Bank, NA
 MidSouth Bank, NA
 R.K.C.J., LLC
 R.K.C.J., LLC
 Sky-View Ranch, LLC
 Sky-View Ranch, LLC
 Life Guide of America, LLC
 Life Guide of America, LLC

2 Add the amounts on line 1

3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815

4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ►

Note: If line 4 is over \$1,500, you must complete Part III.

Part II

**Ordinary
 Dividends**

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 9a.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

5 List name of payer ►

6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ►

Note: If line 6 is over \$1,500, you must complete Part III.

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Part III
**Foreign
 Accounts
 and Trusts**

(See instructions on back.)

7a At any time during 2016, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located

8 During 2016, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back

Yes	No
	X
	X

Profit or Loss From Business
(Sole Proprietorship)

2016

Attachment

Sequence No. 09

Name of proprietor

Robert J Pitre

Social security number (SSN)
[REDACTED]

A	Principal business or profession, including product or service (see instructions) Used Car Dealership	B Enter code from instructions ► 4 4 1 1 2 0
C	Business name. If no separate business name, leave blank. Pitre Auto Sales	D Employer ID number (EIN), (see instr.) [REDACTED]
E	Business address (including suite or room no.) ► 2622 S. Harwood City, town or post office, state, and ZIP code Dallas, TX 75215	
F	Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►	
G	Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H	If you started or acquired this business during 2016, check here	<input type="checkbox"/>
I	Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J	If "Yes," did you or will you file required Forms 1099?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	► <input type="checkbox"/>	1	609,116.
2	Returns and allowances		2	
3	Subtract line 2 from line 1		3	609,116.
4	Cost of goods sold (from line 42)		4	622,373.
5	Gross profit. Subtract line 4 from line 3		5	-13,257.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7	Gross income. Add lines 5 and 6	►	7	-13,257.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8	200.	18	Office expense (see instructions)	18	1,238.
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):	20a	
11	Contract labor (see instructions)	11	15,011.	a	Vehicles, machinery, and equipment	20b	
12	Depletion	12		b	Other business property	21	2,367.
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		22	Supplies (not included in Part III)	22	299.
14	Employee benefit programs (other than on line 19)	14		23	Taxes and licenses	23	
15	Insurance (other than health)	15	3,142.	24	Travel, meals, and entertainment:	24a	874.
16	Interest:			a	Travel	24b	680.
a	Mortgage (paid to banks, etc.)	16a		b	Deductible meals and entertainment (see instructions)	25	2,630.
b	Other	16b	76.	26	Utilities	26	
17	Legal and professional services	17		27a	Wages (less employment credits)	27a	4,413.
28	Total expenses before expenses for business use of home. Add lines 8 through 27a			b	Other expenses (from line 48)	27b	
29	Tentative profit or (loss). Subtract line 28 from line 7			28	Reserved for future use	28	30,930.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions)			29		29	-44,187.

Simplified method filers only: enter the total square footage of: (a) your home:

and (b) the part of your home used for business: _____ Use the Simplified

Method Worksheet in the instructions to figure the amount to enter on line 30

31 Net profit or (loss). Subtract line 30 from line 29.

- If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.
- If a loss, you **must** go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

- If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.
- If you checked 32b, you **must** attach Form 6198. Your loss may be limited.

32a All investment is at risk.32b Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory:	a <input checked="" type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation		35	125,814.
36	Purchases less cost of items withdrawn for personal use		36	609,414.
37	Cost of labor. Do not include any amounts paid to yourself		37	
38	Materials and supplies		38	6,677.
39	Other costs		39	44,468.
40	Add lines 35 through 39		40	786,373.
41	Inventory at end of year		41	164,000.
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4		42	622,373.

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year)	►
44	Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:	
a	Business	b Commuting (see instructions)
c	Other	
45	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

Postage and Delivery Expense	3.
Uniforms	375.
Telephone Expense	3,326.
Continuing Education	100.
Dues and Subscriptions	609.
48 Total other expenses. Enter here and on line 27a	48 4,413.

Profit or Loss From Business
(Sole Proprietorship)

2016

Attachment

Sequence No. 09

Name of proprietor

Robert J Pitre

Social security number (SSN)

A Principal business or profession, including product or service (see instructions)
Independent Artists/Motivational Speaker

B Enter code from instructions

► 7 1 1 5 1 0

C Business name. If no separate business name, leave blank.
Life Guide of America

D Employer ID number (EIN), (see instr.)

E Business address (including suite or room no.) ► 1801 E. Wheatland Road
City, town or post office, state, and ZIP code Dallas, TX 75241F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ►G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses. Yes NoH If you started or acquired this business during 2016, check here I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) Yes NoJ If "Yes," did you or will you file required Forms 1099? Yes No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked.	► <input type="checkbox"/>	1	216.
2	Returns and allowances		2	
3	Subtract line 2 from line 1		3	216.
4	Cost of goods sold (from line 42)		4	
5	Gross profit. Subtract line 4 from line 3		5	216.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7	Gross income. Add lines 5 and 6	►	7	216.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8	18	Office expense (see instructions)
9	Car and truck expenses (see instructions)	9	19	Pension and profit-sharing plans
10	Commissions and fees	10	20	Rent or lease (see instructions):
11	Contract labor (see instructions)	11	20a	a Vehicles, machinery, and equipment
12	Depletion	12	20b	b Other business property
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21	Repairs and maintenance
14	Employee benefit programs (other than on line 19)	14	22	Supplies (not included in Part III)
15	Insurance (other than health)	15	23	Taxes and licenses
16	Interest:		24	Travel, meals, and entertainment:
a	Mortgage (paid to banks, etc.)	16a	24a	a Travel
b	Other	16b	24b	b Deductible meals and entertainment (see instructions)
17	Legal and professional services	17	25	25 Utilities
28	Total expenses before expenses for business use of home. Add lines 8 through 27a		26	26 Wages (less employment credits)
29	Tentative profit or (loss). Subtract line 28 from line 7		27a	27a Other expenses (from line 48)
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions)		27b	b Reserved for future use

Simplified method filers only: enter the total square footage of: (a) your home:

and (b) the part of your home used for business: Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30

31 Net profit or (loss). Subtract line 30 from line 29.

- If a profit, enter on both **Form 1040**, line 12 (or **Form 1040NR**, line 13) and on **Schedule SE**, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041**, line 3.
- If a loss, you **must** go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

- If you checked 32a, enter the loss on both **Form 1040**, line 12, (or **Form 1040NR**, line 13) and on **Schedule SE**, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041**, line 3.

- If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

31 -5,006.

32a All investment is at risk.32b Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation Yes No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35

36 Purchases less cost of items withdrawn for personal use 36

37 Cost of labor. Do not include any amounts paid to yourself 37

38 Materials and supplies 38

39 Other costs 39

40 Add lines 35 through 39 40

41 Inventory at end of year 41

42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ►

44 Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:

a Business _____ b Commuting (see instructions) _____ c Other _____

45 Was your vehicle available for personal use during off-duty hours? Yes No

46 Do you (or your spouse) have another vehicle available for personal use? Yes No

47a Do you have evidence to support your deduction? Yes No

b If "Yes," is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

Printing and Reproduction	127.
Small Tools and Equipment	500.
Postage	487.
Costume and Wardrobe Expense	211.
Other	100.
Licenses and Fees	75.
Gifts	25.
AMORTIZATION	89.
48 Total other expenses. Enter here and on line 27a	48 1,614.

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Robert J & Katrina Pitre

► Attach to Form 1040 or Form 1040NR.
 ► Information about Schedule D and its separate instructions is at www.irs.gov/scheduled.
 ► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

2016
Attachment
Sequence No. 12

Your social security number

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11 2,370,993
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back				15 2,370,993

Part III Summary

16 Combine lines 7 and 15 and enter the result

16

2,370,993.

- If line 16 is a **gain**, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.
- If line 16 is a **loss**, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.
- If line 16 is **zero**, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.

17 Are lines 15 and 16 **both** gains?

Yes. Go to line 18.
 No. Skip lines 18 through 21, and go to line 22.

18 Enter the amount, if any, from line 7 of the **28% Rate Gain Worksheet** in the instructions . . . ►**18**19 Enter the amount, if any, from line 18 of the **Unrecaptured Section 1250 Gain Worksheet** in the instructions . . . ►**19**20 Are lines 18 and 19 **both** zero or blank?

Yes. Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). **Don't** complete lines 21 and 22 below.

No. Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the **smaller** of:

- The loss on line 16 or
- (\$3,000), or if married filing separately, (\$1,500)

}

21

()

Note: When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?

Yes. Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).

No. Complete the rest of Form 1040 or Form 1040NR.

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Robert J & Katrina Pitre

Your social security number [REDACTED]

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations Note: If you report a loss from an at-risk activity for which any amount is not at risk, you **must** check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. Yes No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	R.K.C.J., LLC	P	<input type="checkbox"/>	[REDACTED]	<input type="checkbox"/>
B	R.K.C.J., LLC	P	<input type="checkbox"/>	[REDACTED]	<input type="checkbox"/>
C	Sky-View Ranch, LLC	P	<input type="checkbox"/>	[REDACTED]	<input type="checkbox"/>
D	See line 28 information		<input type="checkbox"/>	[REDACTED]	<input type="checkbox"/>

Passive Income and Loss**Nonpassive Income and Loss**

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A			136,883.		
B			136,884.		
C		26,250.			
D	1,919.		1,919.		107,537.
29a	Totals	26,250.			107,537.
b	Totals	1,919.	275,686.		
30	Add columns (g) and (j) of line 29a.				133,787.
31	Add columns (f), (h), and (i) of line 29b				(277,605.)
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below				-143,818.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss**Nonpassive Income and Loss**

	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34a	Totals			
b	Totals			
35	Add columns (d) and (f) of line 34a			35
36	Add columns (c) and (e) of line 34b			(36)
37	Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below			37

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) – Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 ►	41
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43
		18,000.

Department of the Treasury
Internal Revenue Service**Sales of Business Property**
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

2016

Attachment
Sequence No. 27

Name(s) shown on return

Robert J & Katrina Pitre

Identifying number

► Attach to your tax return.
► Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	From K-1						2,379,780.
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:						7 2,379,780.
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8 8,787.
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.						9 2,370,993.

Part II Ordinary Gains and Losses (see instructions)10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

Film Rights	09/02/2016	11/08/2016	0.	89.	8,000.	-7,911.
11	Loss, if any, from line 7					11 ()
12	Gain, if any, from line 7 or amount from line 8, if applicable					12 8,787.
13	Gain, if any, from line 31					13
14	Net gain or (loss) from Form 4684, lines 31 and 38a					14
15	Ordinary gain from installment sales from Form 6252, line 25 or 36					15
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824					16
17	Combine lines 10 through 16					17 876.
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:					
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions					
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14					
18a						
18b						876.

For Paperwork Reduction Act Notice, see separate instructions. BAA

REV 01/25/17 PRO

Form 4797 (2016)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on Form 1040 or Form 1040NR

Robert J & Katrina Pitre

Your social security number

2016

Attachment
Sequence No. 32

► Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.
 ► Attach to Form 1040 or Form 1040NR.

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

1	2,029,102.
2	
3	
4	
5	
6	(0.)
7	()
8	
9	
10	161,864.
11	(169,576.)
12	
13	0.
14	
15	
16	
17	0.
18	-2,694.
19	0.
20	
21	
22	
23	
24	
25	()
26	
27	
28	2,018,696.

Part II Alternative Minimum Tax (AMT)

29 Exemption. (If you were under age 24 at the end of 2016, see instructions.)

IF your filing status is ... AND line 28 is not over ... THEN enter on line 29 ...

Single or head of household	\$119,700	\$53,900
Married filing jointly or qualifying widow(er)	159,700	83,800
Married filing separately	79,850	41,900

If line 28 is over the amount shown above for your filing status, see instructions.

30 Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34

31 • If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.

• If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 64 here.

• All others: If line 30 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result.

32 Alternative minimum tax foreign tax credit (see instructions)

33 Tentative minimum tax. Subtract line 32 from line 31

34 Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)

35 AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45

29	0.
30	2,018,696.
31	369,097.
32	
33	369,097.
34	381,344.
35	0.

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions.

36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31	36	2,018,696.
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37	2,370,768.
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38	0.
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	39	2,370,768.
40	Enter the smaller of line 36 or line 39	40	2,018,696.
41	Subtract line 40 from line 36	41	0.
42	If line 41 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise, multiply line 41 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result	42	0.
43	Enter: • \$75,300 if married filing jointly or qualifying widow(er), • \$37,650 if single or married filing separately, or • \$50,400 if head of household	43	75,300.
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	44	0.
45	Subtract line 44 from line 43. If zero or less, enter -0-	45	75,300.
46	Enter the smaller of line 36 or line 37	46	2,018,696.
47	Enter the smaller of line 45 or line 46. This amount is taxed at 0%	47	75,300.
48	Subtract line 47 from line 46	48	1,943,396.
49	Enter: • \$415,050 if single • \$233,475 if married filing separately • \$466,950 if married filing jointly or qualifying widow(er) • \$441,000 if head of household	49	466,950.
50	Enter the amount from line 45	50	75,300.
51	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter	51	0.
52	Add line 50 and line 51	52	75,300.
53	Subtract line 52 from line 49. If zero or less, enter -0-	53	391,650.
54	Enter the smaller of line 48 or line 53	54	391,650.
55	Multiply line 54 by 15% (0.15)	55	58,748.
56	Add lines 47 and 54	56	466,950.
	If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.	57	1,551,746.
57	Subtract line 56 from line 46	58	310,349.
58	Multiply line 57 by 20% (0.20)		
	If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.	59	
59	Add lines 41, 56, and 57	60	
60	Subtract line 59 from line 36	61	
61	Multiply line 60 by 25% (0.25)	62	369,097.
62	Add lines 42, 55, 58, and 61	63	561,509.
63	If line 36 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 36 by 26% (0.26). Otherwise, multiply line 36 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result	64	369,097.
64	Enter the smaller of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31		

Department of the Treasury
Internal Revenue Service (99)

(Including Information on Listed Property)

2016

Attachment
Sequence No. 179

Name(s) shown on return

Robert J & Katrina Pitre

Business or activity to which this form relates

Sch C Independent Artists/Motivational Speaker

Identifying number

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	500,000.												
2													
3	2,010,000.												
4													
5													
6	<table border="1"> <tr> <td>(a) Description of property</td> <td>(b) Cost (business use only)</td> <td>(c) Elected cost</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	(a) Description of property	(b) Cost (business use only)	(c) Elected cost									
(a) Description of property	(b) Cost (business use only)	(c) Elected cost											
7	7												
8													
9													
10													
11													
12													
13													

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)**

14	
15	
16	

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**Section A**

17	17
18	► <input type="checkbox"/>

Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year			12 yrs.	S/L	
c 40-year			40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21	21
22	22
23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	24b If "Yes," is the evidence written?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)	25
---	----

26 Property used more than 50% in a qualified business use:	%							
	%							
	%							

27 Property used 50% or less in a qualified business use:	%			S/L -				
	%			S/L -				
	%			S/L -				

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No										
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2016 tax year (see instructions):					
Film Rights	09/02/2016	8,000.	197	15.00 yrs	89.
43 Amortization of costs that began before your 2016 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44
					89.

Net Investment Income Tax—
Individuals, Estates, and Trusts

2016

Name(s) shown on your tax return

Robert J & Katrina Pitre

Your social security number or EIN
[REDACTED]► Attach to your tax return.
► Information about Form 8960 and its separate instructions is at www.irs.gov/form8960.

Part I Investment Income

Section 6013(g) election (see instructions)
 Section 6013(h) election (see instructions)
 Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)	1	12,108.
2	Ordinary dividends (see instructions)	2	
3	Annuities (see instructions)	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	-143,818.
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	159,899.
c	Combine lines 4a and 4b	4c	16,081.
5a	Net gain or loss from disposition of property (see instructions)	5a	2,371,869.
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b	-2,371,869.
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c	
d	Combine lines 5a through 5c	5d	0.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)	6	
7	Other modifications to investment income (see instructions)	7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	28,189.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a	
b	State, local, and foreign income tax (see instructions)	9b	
c	Miscellaneous investment expenses (see instructions)	9c	
d	Add lines 9a, 9b, and 9c	9d	
10	Additional modifications (see instructions)	10	
11	Total deductions and modifications. Add lines 9d and 10	11	

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13–17. Estates and trusts complete lines 18a–21. If zero or less, enter -0-	12	28,189.
Individuals:			
13	Modified adjusted gross income (see instructions)	13	2,029,102.
14	Threshold based on filing status (see instructions)	14	250,000.
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	1,779,102.
16	Enter the smaller of line 12 or line 15	16	28,189.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and include on your tax return (see instructions)	17	1,071.
Estates and Trusts:			
18a	Net investment income (line 12 above)	18a	
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b	
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c	
19a	Adjusted gross income (see instructions)	19a	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	
20	Enter the smaller of line 18c or line 19c	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). Enter here and include on your tax return (see instructions)	21	

Premium Tax Credit (PTC)

2016

Attachment
Sequence No. 73Department of the Treasury
Internal Revenue Service
Name shown on your return

Robert J & Katrina Pitre

Your social security number

You cannot claim the PTC if your filing status is married filing separately unless you qualify for an exception (see instructions). If you qualify, check the box. **Part I Annual and Monthly Contribution Amount**

1	Tax family size. Enter the number of exemptions from Form 1040 or Form 1040A, line 6d, or Form 1040NR, line 7d	1	2	
2a	Modified AGI. Enter your modified AGI (see instructions)	2a	2,029,102.	
2b	b Enter the total of your dependents' modified AGI (see instructions)	3	2,029,102.	
3	Household income. Add the amounts on lines 2a and 2b	4	15,930.	
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3 (see instructions). Check the appropriate box for the federal poverty table used.	a <input type="checkbox"/> Alaska	b <input type="checkbox"/> Hawaii	c <input checked="" type="checkbox"/> Other 48 states and DC
5	Household income as a percentage of federal poverty line (see instructions)			
6	Did you enter 401% on line 5? (See instructions if you entered less than 100%.)			
<input type="checkbox"/> No. Continue to line 7. <input checked="" type="checkbox"/> Yes. You are not eligible to take the PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount.				
7	Applicable Figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7		
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a	b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

9 Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage (see instructions)?
 Yes. Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. **No.** Continue to line 10.

10 See the instructions to determine if you can use line 11 or must complete lines 12 through 23.
 Yes. Continue to line 11. Compute your annual PTC. Then skip lines 12-23 **No.** Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals						12,936.
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
12 January						
13 February						
14 March						
15 April						
16 May						
17 June						
18 July						
19 August						
20 September						
21 October						
22 November						
23 December						
24 Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here	24					
25 Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here	25	12,936.				
26 Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Form 1040, line 69; Form 1040A, line 45; or Form 1040NR, line 65. If line 24 equals line 25, enter zero. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27	26					

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

27 Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	12,936.
28 Repayment limitation (see instructions)	28	
29 Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Form 1040, line 46; Form 1040A, line 29; or Form 1040NR, line 44	29	12,936.

Part IV Allocation of Policy Amounts

Complete the following information for up to four shared policy allocations. See instructions for allocation details.

Allocation 1

30 (a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 2

31 (a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 3

32 (a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 4

33 (a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

34 Have you completed all policy amount allocations?

Yes. Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12-23, columns (a), (b), and (f). Compute the amounts for lines 12-23, columns (c)-(e), and continue to line 24.

No. See the instructions to report additional policy amount allocations.

Part V Alternative Calculation for Year of Marriage

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12-23, see the instructions for this Part V.

35 Alternative entries for your SSN	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month
36 Alternative entries for your spouse's SSN	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month

Form **8801**Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on returnCredit for Prior Year Minimum Tax—
Individuals, Estates, and Trusts

OMB No. 1545-1073

► Information about Form 8801 and its separate instructions is at www.irs.gov/form8801.
► Attach to Form 1040, 1040NR, or 1041.**2016**Attachment
Sequence No. 74

Robert J & Katrina Pitre

Identifying number
[REDACTED]**Part I Net Minimum Tax on Exclusion Items**

1	Combine lines 1, 6, and 10 of your 2015 Form 6251. Estates and trusts, see instructions	1	-161,864 .
2	Enter adjustments and preferences treated as exclusion items (see instructions)	2	0 .
3	Minimum tax credit net operating loss deduction (see instructions)	3	()
4	Combine lines 1, 2, and 3. If zero or less, enter -0- here and on line 15 and go to Part II. If more than \$246,250 and you were married filing separately for 2015, see instructions	4	0 .
5	Enter: \$83,400 if married filing jointly or qualifying widow(er) for 2015; \$53,600 if single or head of household for 2015; or \$41,700 if married filing separately for 2015. Estates and trusts, enter \$23,800	5	
6	Enter: \$158,900 if married filing jointly or qualifying widow(er) for 2015; \$119,200 if single or head of household for 2015; or \$79,450 if married filing separately for 2015. Estates and trusts, enter \$79,450	6	
7	Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9	7	
8	Multiply line 7 by 25% (0.25)	8	
9	Subtract line 8 from line 5. If zero or less, enter -0-. If under age 24 at the end of 2015, see instructions	9	
10	Subtract line 9 from line 4. If zero or less, enter -0- here and on line 15 and go to Part II. Form 1040NR filers, see instructions	10	
11	<ul style="list-style-type: none"> • If for 2015 you filed Form 2555 or 2555-EZ, see instructions for the amount to enter. • If for 2015 you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b (Form 1041, line 2b(2)); or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (lines 18a and 19, column (2), of Schedule D (Form 1041)), complete Part III of Form 8801 and enter the amount from line 55 here. Form 1040NR filers, see instructions. • All others: If line 10 is \$185,400 or less (\$92,700 or less if married filing separately for 2015), multiply line 10 by 26% (0.26). Otherwise, multiply line 10 by 28% (0.28) and subtract \$3,708 (\$1,854 if married filing separately for 2015) from the result. Form 1040NR filers, see instructions. 	11	
12	Minimum tax foreign tax credit on exclusion items (see instructions)	12	
13	Tentative minimum tax on exclusion items. Subtract line 12 from line 11	13	
14	Enter the amount from your 2015 Form 6251, line 34, or 2015 Form 1041, Schedule I, line 55	14	
15	Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0-	15	0 .

For Paperwork Reduction Act Notice, see instructions. BAA

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Form **8801** (2016)

Part II Minimum Tax Credit and Carryforward to 2017

16	Enter the amount from your 2015 Form 6251, line 35, or 2015 Form 1041, Schedule I, line 56 . . .	16	0.
17	Enter the amount from line 15	17	0.
18	Subtract line 17 from line 16. If less than zero, enter as a negative amount	18	0.
19	2015 credit carryforward. Enter the amount from your 2015 Form 8801, line 26	19	1,183.
20	Enter your 2015 unallowed qualified electric vehicle credit (see instructions)	20	
21	Combine lines 18 through 20. If zero or less, stop here and see the instructions	21	1,183.
22	Enter your 2016 regular income tax liability minus allowable credits (see instructions)	22	381,344.
23	Enter the amount from your 2016 Form 6251, line 33, or 2016 Form 1041, Schedule I, line 54 . . .	23	369,097.
24	Subtract line 23 from line 22. If zero or less, enter -0-	24	12,247.
25	Minimum tax credit. Enter the smaller of line 21 or line 24. Also enter this amount on your 2016 Form 1040, line 54 (check box b); Form 1040NR, line 51 (check box b); or Form 1041, Schedule G, line 2c	25	1,183.
26	Credit carryforward to 2017. Subtract line 25 from line 21. Keep a record of this amount because you may use it in future years	26	0.

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 11 or by the Foreign Earned Income Tax Worksheet in the instructions.

Caution: If you didn't complete the 2015 Qualified Dividends and Capital Gain Tax Worksheet, the 2015 Schedule D Tax Worksheet, or Part V of the 2015 Schedule D (Form 1041), see the instructions before completing this part.*

27 Enter the amount from Form 8801, line 10. If you filed Form 2555 or 2555-EZ for 2015, enter the amount from line 3 of the Foreign Earned Income Tax Worksheet in the instructions

Caution: If for 2015 you filed Form 1040NR, 1041, 2555, or 2555-EZ, see the instructions before completing lines 28, 29, and 30.

28 Enter the amount from line 6 of your 2015 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 13 of your 2015 Schedule D Tax Worksheet, or the amount from line 26 of the 2015 Schedule D (Form 1041), whichever applies*

If you figured your 2015 tax using the 2015 Qualified Dividends and Capital Gain Tax Worksheet, skip line 29 and enter the amount from line 28 on line 30. Otherwise, go to line 29.

29 Enter the amount from line 19 of your 2015 Schedule D (Form 1040), or line 18b, column (2), of the 2015 Schedule D (Form 1041)

30 Add lines 28 and 29, and enter the **smaller** of that result or the amount from line 10 of your 2015 Schedule D Tax Worksheet

31 Enter the **smaller** of line 27 or line 30

32 Subtract line 31 from line 27

33 If line 32 is \$185,400 or less (\$92,700 or less if married filing separately for 2015), multiply line 32 by 26% (0.26). Otherwise, multiply line 32 by 28% (0.28) and subtract \$3,708 (\$1,854 if married filing separately for 2015) from the result. Form 1040NR filers, see instructions ►

34 Enter:

- \$74,900 if married filing jointly or qualifying widow(er) for 2015,
- \$37,450 if single or married filing separately for 2015,
- \$50,200 if head of household for 2015, or
- \$2,500 for an estate or trust.

Form 1040NR filers, see instructions.

35 Enter the amount from line 7 of your 2015 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 14 of your 2015 Schedule D Tax Worksheet, or the amount from line 27 of the 2015 Schedule D (Form 1041), whichever applies. If you didn't complete either worksheet or Part V of the 2015 Schedule D (Form 1041), enter the amount from your 2015 Form 1040, line 43, or 2015 Form 1041, line 22, whichever applies; if zero or less, enter -0-. Form 1040NR filers, see instructions

36 Subtract line 35 from line 34. If zero or less, enter -0-

37 Enter the **smaller** of line 27 or line 28

38 Enter the **smaller** of line 36 or line 37

39 Subtract line 38 from line 37

40 Enter:

- \$413,200 if single for 2015,
- \$232,425 if married filing separately for 2015,
- \$464,850 if married filing jointly or qualifying widow(er) for 2015,
- \$439,000 if head of household for 2015, or
- \$12,300 for an estate or trust.

Form 1040NR filers, see instructions.

41 Enter the amount from line 36

42 Form 1040 filers, enter the amount from line 7 of your 2015 Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 19 of your 2015 Schedule D Tax Worksheet, whichever applies. If you didn't complete either worksheet, see instructions. Form 1041 filers, enter the amount from line 27 of your 2015 Schedule D (Form 1041) or line 18 of your 2015 Schedule D Tax Worksheet, whichever applies. If you didn't complete either the worksheet or Part V of the 2015 Schedule D (Form 1041), enter the amount from your 2015 Form 1041, line 22; if zero or less, enter -0-. Form 1040NR filers, see instructions

* The 2015 Qualified Dividends and Capital Gain Tax Worksheet is in the 2015 Instructions for Form 1040. The 2015 Schedule D Tax Worksheet is in the 2015 Instructions for Schedule D (Form 1040) (or the 2015 Instructions for Schedule D (Form 1041)).

Part III Tax Computation Using Maximum Capital Gains Rates (continued)

43 Add lines 41 and 42

44 Subtract line 43 from line 40. If zero or less, enter -0

45 Enter the **smaller** of line 39 or line 44 ►

46 Multiply line 45 by 15% (0.15)

47 Add lines 38 and 45

If lines 47 and 27 are the same, skip lines 48 through 52 and go to line 53. Otherwise, go to line 48.

48 Subtract line 47 from line 37 ►

49 Multiply line 48 by 20% (0.20)

If line 29 is zero or blank, skip lines 50 through 52 and go to line 53. Otherwise, go to line 50.

50 Add lines 32, 47, and 48

51 Subtract line 50 from line 27 ►

52 Multiply line 51 by 25% (0.25)

53 Add lines 33, 46, 49, and 52

54 If line 27 is \$185,400 or less (\$92,700 or less if married filing separately for 2015), multiply line 27 by 26% (0.26). Otherwise, multiply line 27 by 28% (0.28) and subtract \$3,708 (\$1,854 if married filing separately for 2015) from the result. Form 1040NR filers, see instructions

55 Enter the **smaller** of line 53 or line 54 here and on line 11. If you filed Form 2555 or 2555-EZ for 2015, don't enter this amount on line 11. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet in the instructions for line 11

43	
44	
45	
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50	
51	
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53	
54	
55	

Name(s) shown on return

Robert J & Katrina Pitre

Identifying number

Part I 2016 Passive Activity Loss**Caution: Complete Worksheets 1, 2, and 3 before completing Part I.****Rental Real Estate Activities With Active Participation** (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.)

1a Activities with net income (enter the amount from Worksheet 1, column (a))
 1b Activities with net loss (enter the amount from Worksheet 1, column (b))
 1c Prior years unallowed losses (enter the amount from Worksheet 1, column (c))
 1d Combine lines 1a, 1b, and 1c

1a	
1b	()
1c	()

1d

Commercial Revitalization Deductions From Rental Real Estate Activities

2a Commercial revitalization deductions from Worksheet 2, column (a)
 2b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)
 2c Add lines 2a and 2b

2a	()
2b	()

2c

All Other Passive Activities

3a Activities with net income (enter the amount from Worksheet 3, column (a))
 3b Activities with net loss (enter the amount from Worksheet 3, column (b))
 3c Prior years unallowed losses (enter the amount from Worksheet 3, column (c))
 3d Combine lines 3a, 3b, and 3c

3a	26,250.
3b	(1,919.)
3c	()

3d

24,331.

4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used

4

24,331.

If line 4 is a loss and:

• Line 1d is a loss, go to Part II.

• Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.

• Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.**Part II Special Allowance for Rental Real Estate Activities With Active Participation****Note: Enter all numbers in Part II as positive amounts. See instructions for an example.**

5 Enter the **smaller** of the loss on line 1d or the loss on line 4
 6 Enter \$150,000. If married filing separately, see instructions
 7 Enter modified adjusted gross income, but not less than zero (see instructions)
Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.
 8 Subtract line 7 from line 6
 9 Multiply line 8 by 50% (0.5). **Do not** enter more than \$25,000. If married filing separately, see instructions
 10 Enter the **smaller** of line 5 or line 9
 If line 2c is a loss, go to Part III. Otherwise, go to line 15.

6	
7	
8	

5

9

10

0.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities**Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.**

11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions
 12 Enter the loss from line 4
 13 Reduce line 12 by the amount on line 10
 14 Enter the **smallest** of line 2c (treated as a positive amount), line 11, or line 13

11	
12	
13	
14	

Part IV Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total
 16 **Total losses allowed from all passive activities for 2016.** Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return

15	
16	

Form 8582 (2016)

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 1a, 1b, and 1c.	►				

Worksheet 3 For Form 8582 Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b.			

2b Worksheet 3 – For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Sky-View Ranch, LLC	26,250.	0.		26,250.	
Life Guide of America, LLC	0.	1,919.			1,919.
Total. Enter on Form 8582, lines 3a, 3b, and 3c.	26,250	1,919			

Worksheet 4. Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Worksheet 4—Use this worksheet if an amount is shown on Form 8822, line 10 or 11 (see notes)					
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total				1.00	

Total

Worksheet 5 – Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total			1.00	

Section 1.263(a)-1(f)

► Attach to your income tax return

Name(s) Shown on Return

Robert J & Katrina Pitre

Identification Number

Tax Year: 2016

**Section 1.263(a)-1(f)
De Minimis Safe Harbor Election**

The taxpayer elects to make the de minimis safe harbor election under the Regulation 1.263(a)-1(f)

Name: Robert J & Katrina Pitre

Address: 2310 Bonnieview Road, Dallas TX 75216

Identification Number: [REDACTED]

Additional information from your 2016 Federal Tax Return

Form 1040: Individual Tax Return

Line 21

Explanation Statement

Net Operating Loss Carryforward

Net operating loss carryforwards from prior tax years from a limited liability company, R.K.C.J., LLC (EIN [REDACTED]).

Schedule E: Supplemental Income and Loss

Line 28: Income or Loss from Partnership and S corporations

Continuation Statement

	Name	Code	For eign	EIN	Not At Ris k	Passive Loss Allowed Amt	Passive Income Amt	Nonpassive Loss Amt	Sec 179 Expense Dedn Amt	Nonpassive Income Amt
D	Sky-View Ranch, LLC	P		[REDACTED]						89,537.
E	R.K.C.J., LLC	P		[REDACTED]						9,000.
F	R.K.C.J., LLC	P		[REDACTED]						9,000.
G	Life Guide of America, LLC	P		[REDACTED]				1,919.		
H	Life Guide of America, LLC	P		[REDACTED]		1,919.				
Total						1,919.		1,919.		107,537.

For the year Jan. 1-Dec. 31, 2017, or other tax year beginning		2017, ending	20	See separate instructions.	
Your first name and initial		Last name		Your social security number [REDACTED]	
Robert J		Pitre		Spouse's social security number [REDACTED]	
If a joint return, spouse's first name and initial		Last name			
Katrina		Pitre			
Home address (number and street). If you have a P.O. box, see instructions.				Apt. no.	
2310 Bonnieview Road					▲ Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).				Presidential Election Campaign	
Dallas TX 75216				Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.	
Foreign country name		Foreign province/state/county		Foreign postal code	
Filing Status		1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ►		4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ► 5 <input type="checkbox"/> Qualifying widow(er) (see instructions)	
Check only one box.					
Exemptions		6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a. b <input checked="" type="checkbox"/> Spouse c Dependents: (1) First name _____ Last name _____ (2) Dependent's social security number _____ (3) Dependent's relationship to you _____ (4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)		Boxes checked on 6a and 6b 2 No. of children on 6c who: • lived with you _____ • did not live with you due to divorce or separation (see instructions) _____ Dependents on 6c not entered above _____ Add numbers on lines above ► 2	
If more than four dependents, see instructions and check here ► <input type="checkbox"/>					
Income		7 Wages, salaries, tips, etc. Attach Form(s) W-2 8a Taxable interest. Attach Schedule B if required b Tax-exempt interest. Do not include on line 8a 9a Ordinary dividends. Attach Schedule B if required b Qualified dividends 10 Taxable refunds, credits, or offsets of state and local income taxes 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/> 14 Other gains or (losses). Attach Form 4797 15a IRA distributions 15a 16a Pensions and annuities 16a 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 20a Social security benefits 20a b Taxable amount 21 Other income. List type and amount 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ► 7 8a 7,106. 9a 10 11 12 -311. 13 129,936. 14 0. 15b 16b 17 -103,812. 18 19 20b 21 22 32,919.			
Adjusted Gross Income		23 Educator expenses 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 25 Health savings account deduction. Attach Form 8889 26 Moving expenses. Attach Form 3903 27 Deductible part of self-employment tax. Attach Schedule SE 28 Self-employed SEP, SIMPLE, and qualified plans 29 Self-employed health insurance deduction 30 Penalty on early withdrawal of savings 31a Alimony paid b Recipient's SSN ► 23 32 IRA deduction 24 33 Student loan interest deduction 25 34 Tuition and fees. Attach Form 8917 26 35 Domestic production activities deduction. Attach Form 8903 27 36 Add lines 23 through 35 36 37 Subtract line 36 from line 22. This is your adjusted gross income ► 37 32,919.			

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	
	39a	Check <input checked="" type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. Total boxes checked ► 39a 1		
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,350 Married filing jointly or Qualifying widow(er), \$12,700 Head of household, \$9,350	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ► 39b <input type="checkbox"/>		
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	16,817.
	41	Subtract line 40 from line 38	41	16,102.
	42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	8,100.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	8,002.
	44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	0.
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
	47	Add lines 44, 45, and 46	47	0.
	48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49		
50	Education credits from Form 8863, line 19	50		
51	Retirement savings contributions credit. Attach Form 8880	51		
52	Child tax credit. Attach Schedule 8812, if required	52		
53	Residential energy credits. Attach Form 5695	53		
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54		
55	Add lines 48 through 54. These are your total credits	55		
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	0.	
57	Self-employment tax. Attach Schedule SE	57		
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58		
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59		
60a	Household employment taxes from Schedule H	60a		
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b		
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61		
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62		
63	Add lines 56 through 62. This is your total tax	63	0.	
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	
If you have a qualifying child, attach Schedule EIC.	65	2017 estimated tax payments and amount applied from 2016 return	65	
	66a	Earned income credit (EIC)	66a	
	b	Nontaxable combat pay election <input type="checkbox"/> 66b	66b	
	67	Additional child tax credit. Attach Schedule 8812	67	
	68	American opportunity credit from Form 8863, line 8	68	
	69	Net premium tax credit. Attach Form 8962	69	896.
	70	Amount paid with request for extension to file	70	
	71	Excess social security and tier 1 RRTA tax withheld	71	
	72	Credit for federal tax on fuels. Attach Form 4136	72	
	73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	896.	
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	896.
Direct deposit? See instructions.	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/>	76a	896.
	b	Routing number [REDACTED]	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d	Account number [REDACTED]		
	77	Amount of line 75 you want applied to your 2018 estimated tax ► 77	78	
Amount You Owe	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
79	Estimated tax penalty (see instructions)	79		
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No			
	Designee's name ► Emanuel C. Burrell	Phone no. ► (214) 340-5797	Personal identification number (PIN) ► [REDACTED]	
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation	Daytime phone number
	Car Dealer			
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	Manager			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	PTIN
	Emanuel C. Burrell		12/12/18	Check <input checked="" type="checkbox"/> if self-employed
	Firm's name ► Emanuel C. Burrell, CPA			Firm's EIN ► [REDACTED]
	Firm's address ► 11615 Forest Central Drive, Suite 207 Dallas TX 75243			Phone no. (214) 340-5797

SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on Form 1040► Go to www.irs.gov/ScheduleA for instructions and the latest information.

► Attach to Form 1040.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

2017

Attachment
Sequence No. 07Your social security number
[REDACTED]

Robert J & Katrina Pitre

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.		
	1 Medical and dental expenses (see instructions)	14,260.	4
2 Enter amount from Form 1040, line 38	32,919.		
3 Multiply line 2 by 7.5% (0.075).	2,469.		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			
Taxes You Paid	5 State and local (check only one box):	821.	
	a <input type="checkbox"/> Income taxes, or b <input checked="" type="checkbox"/> General sales taxes		
	6 Real estate taxes (see instructions)		
	7 Personal property taxes		
	8 Other taxes. List type and amount ►		
	9 Add lines 5 through 8	821.	
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	
Note: Your mortgage interest deduction may be limited (see instructions).	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►	11	
	12 Points not reported to you on Form 1098. See instructions for special rules	12	
	13 Mortgage insurance premiums (see instructions)	13	
	14 Investment interest. Attach Form 4952 if required. See instructions	14	
	15 Add lines 10 through 14	15	
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	
If you made a gift and got a benefit for it, see instructions.	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	
	18 Carryover from prior year	18	
	19 Add lines 16 through 18	19	
Casualty and Theft Losses	20 Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions	20	
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions ►	21	
	22 Tax preparation fees	22	
	23 Other expenses—investment, safe deposit box, etc. List type and amount ►	23	
	24 Add lines 21 through 23	24	
	25 Enter amount from Form 1040, line 38	25	
	26 Multiply line 25 by 2% (0.02)	26	
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	
Other Miscellaneous Deductions	28 Other—from list in instructions. List type and amount ►	28	
Total Itemized Deductions	29 Is Form 1040, line 38, over \$156,900? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29	
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here ►		

SCHEDULE B
(Form 1040A or 1040)**Interest and Ordinary Dividends**

2017

Attachment
Sequence No. 08Department of the Treasury
Internal Revenue Service (99)► Attach to Form 1040A or 1040.
► Go to www.irs.gov/ScheduleB for instructions and the latest information.

Name(s) shown on return

Robert J & Katrina Pitre

Your social security number
[REDACTED]**Part I****Interest**(See instructions
and the
instructions for
Form 1040A, or
Form 1040,
line 8a.)**Note:** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►

MidSouth Bank
R.K.C.J., LLC
R.K.C.J., LLC
Sky-View Ranch, LLC
Sky-View Ranch, LLC
Life Guide of America, LLC
Life Guide of America, LLC

2 Add the amounts on line 1
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815.
4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ►

Note: If line 4 is over \$1,500, you must complete Part III.**Part II****Ordinary
Dividends**(See instructions
and the
instructions for
Form 1040A, or
Form 1040,
line 9a.)**Note:** If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

5 List name of payer ►

6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ►

Note: If line 6 is over \$1,500, you must complete Part III.**Part III****Foreign
Accounts
and Trusts**

(See instructions.)

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Yes

No

7a At any time during 2017, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions
If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►

8 During 2017, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

X

X

X

SCHEDULE C
(Form 1040)Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2017

Attachment
Sequence No. 09Department of the Treasury
Internal Revenue Service (99)► Go to www.irs.gov/ScheduleC for instructions and the latest information.
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor

Robert J Pitre

Social security number (SSN)

A	Principal business or profession, including product or service (see instructions) Used Car Dealership	B	Enter code from instructions ► 4 4 1 1 2 0
C	Business name. If no separate business name, leave blank. Pitre Auto Sales	D	Employer ID number (EIN) (see instr.)
E	Business address (including suite or room no.) ► 2622 S. Harwood		
	City, town or post office, state, and ZIP code Dallas, TX 75215		
F	Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G	Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
H	If you started or acquired this business during 2017, check here	<input type="checkbox"/>	
I	Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
J	If "Yes," did you or will you file required Forms 1099?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	► <input type="checkbox"/>	1	611,375.
2	Returns and allowances	► <input type="checkbox"/>	2	
3	Subtract line 2 from line 1	► <input type="checkbox"/>	3	611,375.
4	Cost of goods sold (from line 42)	► <input type="checkbox"/>	4	576,678.
5	Gross profit. Subtract line 4 from line 3	► <input type="checkbox"/>	5	34,697.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	► <input type="checkbox"/>	6	
7	Gross income. Add lines 5 and 6	► <input type="checkbox"/>	7	34,697.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8	1,750.	18	Office expense (see instructions)	18	2,694.
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10	2,100.	20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11	15,970.	a	Vehicles, machinery, and equipment	20a	43.
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	425.
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	258.
15	Insurance (other than health)	15	3,629.	23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:	24a	0.
a	Mortgage (paid to banks, etc.)	16a		b	Deductible meals and entertainment (see instructions)	24b	
b	Other	16b		25	Utilities	25	2,144.
17	Legal and professional services	17	2,508.	26	Wages (less employment credits)	26	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28		27a	Other expenses (from line 48)	27a	3,487.
29	Tentative profit or (loss). Subtract line 28 from line 7	29		b	Reserved for future use	27b	
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions)	30		28		28	35,008.
	Simplified method filers only: enter the total square footage of: (a) your home:			29		29	-311.
	and (b) the part of your home used for business: _____						
	Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30						
31	Net profit or (loss). Subtract line 30 from line 29.	31					
	• If a profit, enter on both Form 1040 , line 12 (or Form 1040NR , line 13) and on Schedule SE , line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041 , line 3.						
	• If a loss, you must go to line 32.						
32	If you have a loss, check the box that describes your investment in this activity (see instructions).	32a	<input checked="" type="checkbox"/> All investment is at risk.				
	• If you checked 32a, enter the loss on both Form 1040 , line 12, (or Form 1040NR , line 13) and on Schedule SE , line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041 , line 3.	32b	<input type="checkbox"/> Some investment is not at risk.				
	• If you checked 32b, you must attach Form 6198 . Your loss may be limited.						

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory:	a <input checked="" type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	164,000.	
36	Purchases less cost of items withdrawn for personal use	36	433,764.	
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38	21,126.	
39	Other costs	39	68,788.	
40	Add lines 35 through 39	40	687,678.	
41	Inventory at end of year	41	111,000.	
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	576,678.	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year)	►
44	Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:	
a	Business	b Commuting (see instructions)
c	Other	
45	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

Postage and Delivery Expense	64.
Telephone Expense	648.
Dues and Subscriptions	244.
Small Tools and Equipment	1,565.
Other	871.
Printing and Reproduction	95.
48 Total other expenses. Enter here and on line 27a	48 3,487.

SCHEDULE D
(Form 1040)**Capital Gains and Losses**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

► Attach to Form 1040 or Form 1040NR.

► Go to www.irs.gov/ScheduleD for instructions and the latest information.
► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**2017**
Attachment
Sequence No. 12

Name(s) shown on return

Robert J & Katrina Pitre

Your social security number
[REDACTED]**Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11 129, 936.
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back				15 129, 936.

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	129, 936.
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 		
17	Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.	18	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ►	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ►	19	
20	Are lines 18 and 19 both zero or blank? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	21	()
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of: <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) 	21	()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Robert J & Katrina Pitre

Your social security number

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations** Note: If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. Yes No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	R.K.C.J., LLC	P	<input type="checkbox"/>		<input type="checkbox"/>
B	R.K.C.J., LLC	P	<input type="checkbox"/>		<input type="checkbox"/>
C	Sky-View Ranch, LLC	P	<input type="checkbox"/>		<input type="checkbox"/>
D	See line 28 information		<input type="checkbox"/>		<input type="checkbox"/>

Passive Income and Loss**Nonpassive Income and Loss**

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A			84,671.		
B			84,671.		17,000.
C	0.				
D	0.		96,267.		144,797.
29a	Totals		265,609.		161,797.
b	Totals	0.			
30	Add columns (g) and (j) of line 29a				30 161,797.
31	Add columns (f), (h), and (i) of line 29b				31 (265,609.)
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below				32 -103,812.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss**Nonpassive Income and Loss**

	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34a	Totals			
b	Totals			
35	Add columns (d) and (f) of line 34a			35
36	Add columns (c) and (e) of line 34b			36 ()
37	Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below			37

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) – Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below

39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 ►	41	-103,812.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

OMB No. 1545-0184

2017Department of the Treasury
Internal Revenue Service

► Attach to your tax return.

► Go to www.irs.gov/Form4797 for instructions and the latest information.Attachment
Sequence No. 27

Name(s) shown on return

Robert J & Katrina Pitre

Identifying number

1 Enter the gross proceeds from sales or exchanges reported to you for 2017 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions

1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	From K-1						129,936.

3 Gain, if any, from Form 4684, line 39 3
 4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4
 5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5
 6 Gain, if any, from line 32, from other than casualty or theft 6
 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: 7 129,936.
Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.
Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.
 8 Nonrecaptured net section 1231 losses from prior years. See instructions 8 0.
 9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions 9 129,936.

Part II Ordinary Gains and Losses (see instructions)10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7	11 ()
12	Gain, if any, from line 7 or amount from line 8, if applicable	12 0.
13	Gain, if any, from line 31	13
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16
17	Combine lines 10 through 16	17 0.
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:	
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions	18a
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14	18b 0.

For Paperwork Reduction Act Notice, see separate instructions.

BAA

REV 02/13/18 PRO

Form 4797 (2017)

Form 8962

Department of the Treasury
Internal Revenue Service

Name shown on your return

Robert J & Katrina Pitre

Premium Tax Credit (PTC)

OMB No. 1545-0074

► Attach to Form 1040, 1040A, or 1040NR.
► Go to www.irs.gov/Form8962 for instructions and the latest information.2017
Attachment
Sequence No. 73

Your social security number

You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception (see instructions). If you qualify, check the box

Part I Annual and Monthly Contribution Amount

1	Tax family size. Enter the number of exemptions from Form 1040 or Form 1040A, line 6d, or Form 1040NR, line 7d	1	2
2a	Modified AGI. Enter your modified AGI (see instructions)	2a	32,919.
b	Enter the total of your dependents' modified AGI (see instructions)	2b	
3	Household income. Add the amounts on lines 2a and 2b (see instructions)	3	32,919.
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3 (see instructions). Check the appropriate box for the federal poverty table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC	4	16,020.
5	Household income as a percentage of federal poverty line (see instructions)	5	205 %
6	Did you enter 401% on line 5? (See instructions if you entered less than 100%).		
<input checked="" type="checkbox"/> No.	Continue to line 7.		
<input type="checkbox"/> Yes.	You are not eligible to take the PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount.		
7	Applicable Figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7	0.0661
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a	2,176.
		b	Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount
		8b	181.

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

9 Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage (see instructions)?
 Yes. Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. No. Continue to line 10.

10 See the instructions to determine if you can use line 11 or must complete lines 12 through 23.
 Yes. Continue to line 11. Compute your annual PTC. Then skip lines 12-23
 No. Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals	28,368.	16,284.	2,176.	14,108.	14,108.	13,212.
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
12 January						
13 February						
14 March						
15 April						
16 May						
17 June						
18 July						
19 August						
20 September						
21 October						
22 November						
23 December						
24 Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here					24	14,108.
25 Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here					25	13,212.
26 Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Form 1040, line 69; Form 1040A, line 45; or Form 1040NR, line 65. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27					26	896.

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

27 Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27
28 Repayment limitation (see instructions)	28
29 Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Form 1040, line 46; Form 1040A, line 29; or Form 1040NR, line 44	29

Part IV Allocation of Policy Amounts

Complete the following information for up to four policy amount allocations. See instructions for allocation details.

Allocation 1

30	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage	

Allocation 2

31	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage	

Allocation 3

32	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage	

Allocation 4

33	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage	

34 Have you completed all policy amount allocations?

Yes. Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12-23, columns (a), (b), and (f). Compute the amounts for lines 12-23, columns (c)-(e), and continue to line 24.

No. See the instructions to report additional policy amount allocations.

Part V Alternative Calculation for Year of Marriage

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12-23, see the instructions for this Part V.

35	Alternative entries for your SSN	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month
36	Alternative entries for your spouse's SSN	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month

Form 8582

Passive Activity Loss Limitations

OMB No. 1545-1008

Department of the Treasury
Internal Revenue Service (99)

► See separate instructions.

2017

Name(s) shown on return

Robert J & Katrina Pitre

► Attach to Form 1040 or Form 1041.

Attachment
Sequence No. 88► Go to www.irs.gov/Form8582 for instructions and the latest information.

Identifying number [REDACTED]

Part I 2017 Passive Activity Loss**Caution:** Complete Worksheets 1, 2, and 3 before completing Part I.**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.)

1a Activities with net income (enter the amount from Worksheet 1, column (a))
 b Activities with net loss (enter the amount from Worksheet 1, column (b))
 c Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))
 d Combine lines 1a, 1b, and 1c

1a	
1b	()
1c	()

1d

Commercial Revitalization Deductions From Rental Real Estate Activities

2a Commercial revitalization deductions from Worksheet 2, column (a)
 b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)
 c Add lines 2a and 2b

2a	()
2b	()

2c

()

All Other Passive Activities

3a Activities with net income (enter the amount from Worksheet 3, column (a))
 b Activities with net loss (enter the amount from Worksheet 3, column (b))
 c Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))
 d Combine lines 3a, 3b, and 3c

3a	0.
3b	(96,265.)
3c	()

3d

-96,265.

4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used

If line 4 is a loss and: • Line 1d is a loss, go to Part II.

• Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.

• Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.**Part II Special Allowance for Rental Real Estate Activities With Active Participation****Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

5 Enter the **smaller** of the loss on line 1d or the loss on line 4
 6 Enter \$150,000. If married filing separately, see instructions
 7 Enter modified adjusted gross income, but not less than zero (see instructions)
Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.
 8 Subtract line 7 from line 6
 9 Multiply line 8 by 50% (0.50). **Do not** enter more than \$25,000. If married filing separately, see instructions
 10 Enter the **smaller** of line 5 or line 9
 If line 2c is a loss, go to Part III. Otherwise, go to line 15.

5	
6	
7	
8	

9

10

0.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities**Note:** Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions
 12 Enter the loss from line 4
 13 Reduce line 12 by the amount on line 10
 14 Enter the **smallest** of line 2c (treated as a positive amount), line 11, or line 13

11

12

13

14

Part IV Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total
 16 **Total losses allowed from all passive activities for 2017.** Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return

15

0.

16

0.

Form 8582 (2017)

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 1a, 1b, and 1c.					

and 1c ► **Line 1c - Form 8582, Lines 2a and 2b (See instructions.)**

Worksheet 2—For Form 8582, Lines 2a and 2b (See Instructions.)			
Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and			

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Sky-View Ranch, LLC	0.	92,148.			92,148.
Life Guide of America, LLC	0.	4,117.			4,117.
Total. Enter on Form 8582, lines 3a, 3b,					

and 3c. This worksheet is for amounts shown on Form 8582, line 10 or 14. (See instructions.)

Worksheet 4—Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)					
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total		►		1.00	

Worksheet 5—Allocation of Unallowed Losses (See instructions.)

Worksheet 5—Allocation of Unallowed Losses (See Instructions.)				
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Sky-View Ranch, LLC	E Ln 28C	92,148.	0.95723264	92,148.
Life Guide of America, LLC	E Ln 28H	4,117.	0.04276736	4,117.
Total		96,265.	1.00	96,265.

Worksheet 6—Allowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Sky-View Ranch, LLC	E Ln 28C	92,148.	92,148.	0.
Life Guide of America, LLC	E Ln 28H	4,117.	4,117.	0.
Total		96,265.	96,265.	0.

Worksheet 7—Activities With Losses Reported on Two or More Forms or Schedules (See instructions.)

Name of activity:

	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule ►					
b Net income from form or schedule ►					
c Subtract line 1b from line 1a. If zero or less, enter -0- ►					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . ►					
b Net income from form or schedule ►					
c Subtract line 1b from line 1a. If zero or less, enter -0- ►					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . ►					
b Net income from form or schedule ►					
c Subtract line 1b from line 1a. If zero or less, enter -0- ►					
Total			1.00		

Form 8283

(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Name(s) shown on your income tax return

Robert J & Katrina Pitre

Noncash Charitable Contributions

OMB No. 1545-0908

► Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.

► Information about Form 8283 and its separate instructions is at www.irs.gov/form8283.

Attachment Sequence No. 155

Identifying number

Note. Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities—List in this section **only** items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also list publicly traded securities even if the deduction is more than \$5,000 (see instructions).

Part I Information on Donated Property—If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached).	(c) Description of donated property (For a vehicle, enter the year, make, model, and mileage. For securities, enter the company name and the number of shares.)
A	Genesis Women's Shelter 3419 Knight Street Dallas TX 75219	<input type="checkbox"/>	Clothing and shoes
B		<input type="checkbox"/>	
C		<input type="checkbox"/>	
D		<input type="checkbox"/>	
E		<input type="checkbox"/>	

Note. If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A	12/15/2017	Various	Purchase	1,500.	510.	Thrift shop value
B						
C						
D						
E						

Part II Partial Interests and Restricted Use Property—Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

2a Enter the letter from Part I that identifies the property for which you gave less than an entire interest ► If Part II applies to more than one property, attach a separate statement.

b Total amount claimed as a deduction for the property listed in Part I: (1) For this tax year ► (2) For any prior tax years ►

c Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):
Name of charitable organization (donee)

Address (number, street, and room or suite no.)

City or town, state, and ZIP code

d For tangible property, enter the place where the property is located or kept ►

e Name of any person, other than the donee organization, having actual possession of the property ►

3a Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property? Yes No

b Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?

c Is there a restriction limiting the donated property for a particular use?

Additional information from your 2017 Federal Tax Return

Schedule E: Supplemental Income and Loss

Line 28: Income or Loss from Partnership and S corporations

Continuation Statement

	Name	Code	For eign	EIN	Not At Ris k	Passive Loss Allowed Amt	Passive Income Amt	Nonpassive Loss Amt	Sec 179 Expense Dedn Amt	Nonpassive Income Amt
D	Sky-View Ranch, LLC	P						92,148.		144,797.
E	R.K.C.J., LLC	P								0.
F	R.K.C.J., LLC	P								0.
G	Life Guide of America, LLC	P						4,119.		
H	Life Guide of America, LLC	P				0.				
Total						0.		96,267.		144,797.

U.S. Individual Income Tax Return

2018

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

Filing status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er)			
Your first name and initial Robert J Last name Pitre		Your social security number [REDACTED]	
Your standard deduction: <input type="checkbox"/> Someone can claim you as a dependent <input checked="" type="checkbox"/> You were born before January 2, 1954 <input type="checkbox"/> You are blind			
If joint return, spouse's first name and initial Katrina Last name Pitre		Spouse's social security number [REDACTED]	
Spouse standard deduction: <input type="checkbox"/> Someone can claim your spouse as a dependent <input type="checkbox"/> Spouse was born before January 2, 1954		<input type="checkbox"/> Full-year health care coverage or exempt (see inst.)	
<input type="checkbox"/> Spouse is blind <input type="checkbox"/> Spouse itemizes on a separate return or you were dual-status alien		<input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse	
Home address (number and street). If you have a P.O. box, see instructions. 2310 Bonnieview Road		Apt. no.	Presidential Election Campaign (see inst.)
City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. Dallas TX 75216		If more than four dependents, see inst. and ✓ here ► <input type="checkbox"/>	

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? <input type="checkbox"/>	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
See instructions.			Car Dealer	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
			Manager	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Paid Preparer Use Only	Preparer's name	Preparer's signature	PTIN	Firm's EIN	Check if: <input type="checkbox"/> 3rd Party Designee <input checked="" type="checkbox"/> Self-employed
	Emanuel C. Burrell	10/13/2019	[REDACTED]	[REDACTED]	
	Firm's name ► Emanuel C. Burrell, CPA		Phone no. (214) 340-5797		
	Firm's address ► 11615 Forest Central Drive, Suite 207 Dallas TX 75243				

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2018)

Form 1040 (2018)

Page 2

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	
2a	Tax-exempt interest	2a	b Taxable interest
3a	Qualified dividends	3a	b Ordinary dividends
4a	IRAs, pensions, and annuities	4a	b Taxable amount
5a	Social security benefits	5a	b Taxable amount
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	-57,658.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	-57,649.
8	Standard deduction or itemized deductions (from Schedule A)	8	25,300.
9	Qualified business income deduction (see instructions)	9	0.
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	0.
11	a Tax (see inst.) 0. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	0.
12	b Add any amount from Schedule 2 and check here ► <input type="checkbox"/>	12	
13	a Child tax credit/credit for other dependents	13	b Add any amount from Schedule 3 and check here ► <input type="checkbox"/>
14	Subtract line 12 from line 11. If zero or less, enter -0-	14	0.
15	Other taxes. Attach Schedule 4	15	0.
16	Total tax. Add lines 13 and 14	16	0.
17	Federal income tax withheld from Forms W-2 and 1099	17	892.
18	Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863 Add any amount from Schedule 5	18	892.
19	19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	892.
20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/>	20a	892.
► b	Routing number	► b	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
► d	Account number	► d	
21	Amount of line 19 you want applied to your 2019 estimated tax	21	
Amount You Owe 22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	22	
23	Estimated tax penalty (see instructions)	23	

Additional Income and Adjustments to Income

Department of the Treasury
Internal Revenue Service

Name(s) shown on Form 1040

Robert J & Katrina Pitre

► Attach to Form 1040.

► Go to www.irs.gov/Form1040 for instructions and the latest information.

2018

Attachment
Sequence No. 01

		Your social security number [REDACTED]
Additional Income	1-9b Reserved	1-9b
	10 Taxable refunds, credits, or offsets of state and local income taxes	10
	11 Alimony received	11
	12 Business income or (loss). Attach Schedule C or C-EZ	12 13,179.
	13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>	13 45,835.
	14 Other gains or (losses). Attach Form 4797	14
	15a Reserved	15b
	16a Reserved	16b
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17 -116,672.
	18 Farm income or (loss). Attach Schedule F	18
	19 Unemployment compensation	19
	20a Reserved	20b
	21 Other income. List type and amount ►	21
	22 Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23	22 -57,658.
Adjustments to Income	23 Educator expenses	23
	24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24
	25 Health savings account deduction. Attach Form 8889	25
	26 Moving expenses for members of the Armed Forces. Attach Form 3903	26
	27 Deductible part of self-employment tax. Attach Schedule SE	27
	28 Self-employed SEP, SIMPLE, and qualified plans	28
	29 Self-employed health insurance deduction	29
	30 Penalty on early withdrawal of savings	30
	31a Alimony paid b Recipient's SSN ►	31a
	32 IRA deduction	32
	33 Student loan interest deduction	33
	34 Reserved	34
	35 Reserved	35
	36 Add lines 23 through 35	36

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2018

Other Payments and Refundable Credits

2018

Attachment
Sequence No. 05Department of the Treasury
Internal Revenue Service► Attach to Form 1040.
► Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040

Robert J & Katrina Pitre

Your social security number

Other	65	Reserved	65	
Payments	66	2018 estimated tax payments and amount applied from 2017 return	66	
and	67a	Reserved	67a	
Refundable	b	Reserved	67b	
Credits	68-69	Reserved	68-69	
	70	Net premium tax credit. Attach Form 8962	70	892.
	71	Amount paid with request for extension to file (see instructions)	71	
	72	Excess social security and tier 1 RRTA tax withheld	72	
	73	Credit for federal tax on fuels. Attach Form 4136	73	
	74	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	74	
	75	Add the amounts in the far right column. These are your total other payments and refundable credits. Enter here and include on Form 1040, line 17.	75	892.

For Paperwork Reduction Act Notice, see your tax return instructions.

REV 02/14/19 PRO

Schedule 5 (Form 1040) 2018

Name of proprietor

Robert J Pitre

Social security number (SSN)
[REDACTED]A Principal business or profession, including product or service (see instructions)
Used Car DealershipB Enter code from instructions
► 4 4 1 1 2 0C Business name. If no separate business name, leave blank.
Pitre Auto SalesD Employer ID number (EIN) (see instr.)
[REDACTED]E Business address (including suite or room no.) ► 2622 S. Harwood
City, town or post office, state, and ZIP code Dallas, TX 75215F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ►G Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses Yes NoH If you started or acquired this business during 2018, check here I Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) Yes NoJ If "Yes," did you or will you file required Forms 1099? Yes No**Part I Income**

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	► <input type="checkbox"/>	1	469,629.
2	Returns and allowances		2	10,218.
3	Subtract line 2 from line 1		3	459,411.
4	Cost of goods sold (from line 42)		4	388,884.
5	Gross profit. Subtract line 4 from line 3		5	70,527.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7	Gross income. Add lines 5 and 6	►	7	70,527.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8	18	Office expense (see instructions)
9	Car and truck expenses (see instructions)	9	19	Pension and profit-sharing plans
10	Commissions and fees	10	20	Rent or lease (see instructions):
11	Contract labor (see instructions)	11	a	Vehicles, machinery, and equipment
12	Depletion	12	b	Other business property
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21	Repairs and maintenance
14	Employee benefit programs (other than on line 19)	14	22	Supplies (not included in Part III)
15	Insurance (other than health)	15	23	Taxes and licenses
16	Interest (see instructions):		24	Travel and meals:
a	Mortgage (paid to banks, etc.)	16a	a	Travel
b	Other	16b	b	Deductible meals (see instructions)
17	Legal and professional services	17	25	Utilities
28	Total expenses before expenses for business use of home. Add lines 8 through 27a		26	Wages (less employment credits)
29	Tentative profit or (loss). Subtract line 28 from line 7		27a	Other expenses (from line 48)
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).		b	Reserved for future use

Simplified method filers only: enter the total square footage of: (a) your home:

and (b) the part of your home used for business: _____ Use the Simplified

Method Worksheet in the instructions to figure the amount to enter on line 30

31 **Net profit or (loss).** Subtract line 30 from line 29.

- If a profit, enter on both **Schedule 1 (Form 1040)**, line 12 (or **Form 1040NR**, line 13) and on **Schedule SE**, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041**, line 3.
- If a loss, you **must** go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

- If you checked 32a, enter the loss on both **Schedule 1 (Form 1040)**, line 12 (or **Form 1040NR**, line 13) and on **Schedule SE**, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041**, line 3.
- If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

30
31 13,179.32a All investment is at risk.32b Some investment is not at risk.

Capital Gains and Losses

2018

Attachment
Sequence No. 12Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Robert J & Katrina Pitre

Your social security number

► Attach to Form 1040 or Form 1040NR.

► Go to www.irs.gov/ScheduleD for instructions and the latest information.

► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5 -2,555.
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 -2,555.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11 48,390.
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back				15 48,390.

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	45,835.
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 22. 			
17	Are lines 15 and 16 both gains?		
<input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.			
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ►	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ►	19	
20	Are lines 18 and 19 both zero or blank?		
<input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below.			
<input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.			
21	If line 16 is a loss, enter here and on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14, the smaller of:	21	()
<ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } 			
<p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>			
22	Do you have qualified dividends on Form 1040, line 3a, or Form 1040NR, line 10b?		
<input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42).			
<input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.			

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Robert J & Katrina Pitre

Your social security number

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations — Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any amount is not at risk**, you **must** check the box in column (f) on line 28 and attach **Form 6198** (see instructions).

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. Yes No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	R.K.C.J., LLC	P	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
B	R.K.C.J., LLC	P	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
C	Sky-View Ranch, LLC	P	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
D	See line 28 information		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Passive Income and Loss**Nonpassive Income and Loss**

	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A			100,143.		
B			100,144.		
C	0.				
D		0.	12,986.		96,601.
29a	Totals	0.	0.		96,601.
b	Totals	0.	213,273.		96,601.
30	Add columns (h) and (k) of line 29a.				30 96,601.
31	Add columns (g), (i), and (j) of line 29b.				31 (213,273.)
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31				32 -116,672.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss**Nonpassive Income and Loss**

	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34a	Totals			
b	Totals			
35	Add columns (d) and (f) of line 34a			
36	Add columns (c) and (e) of line 34b			
37	Total estate and trust income or (loss). Combine lines 35 and 36			

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) — Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835 . Also, complete line 42 below	40
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18 ►	41 -116,672.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code AC; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43

Form **4797****Sales of Business Property**

OMB No. 1545-0184

(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))**2018**Department of the Treasury
Internal Revenue Service

► Attach to your tax return.

► Go to www.irs.gov/Form4797 for instructions and the latest information.Attachment
Sequence No. **27**

Name(s) shown on return

Robert J & Katrina Pitre

Identifying number

1 Enter the gross proceeds from sales or exchanges reported to you for 2018 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions **1**

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	From K-1						48,390.
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						7 48,390.
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8 0.
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9 48,390.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7	11 ()
12	Gain, if any, from line 7 or amount from line 8, if applicable	12 0.
13	Gain, if any, from line 31	13
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16
17	Combine lines 10 through 16	17 0.
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.	
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	18a
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), line 14	18b 0.

For Paperwork Reduction Act Notice, see separate instructions.

BAA

REV 12/22/18 PRO

Form **4797** (2018)

Department of the Treasury
Internal Revenue Service
Name shown on your return

► Attach to Form 1040 or Form 1040NR.

► Go to www.irs.gov/Form8962 for instructions and the latest information.

2018

Attachment
Sequence No. 73

Robert J & Katrina Pitre

Your social security number

You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception (see instructions). If you qualify, check the box **Part I Annual and Monthly Contribution Amount**

1	Tax family size. Enter your tax family size (see instructions)	1	2
2a	Modified AGI. Enter your modified AGI (see instructions)	2a	-57,649.
b	Enter the total of your dependents' modified AGI (see instructions)	2b	
3	Household income. Add the amounts on lines 2a and 2b (see instructions)	3	0.
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3 (see instructions). Check the appropriate box for the federal poverty table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC	4	16,240.
5	Household income as a percentage of federal poverty line (see instructions)	5	0 %
6	Did you enter 401% on line 5? (See instructions if you entered less than 100%.)		
<input checked="" type="checkbox"/> No.	Continue to line 7.		
<input type="checkbox"/> Yes.	You are not eligible to take the PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount.		
7	Applicable Figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7	0.0201
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a	0.
		b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b
			0.

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

9 Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage (see instructions)?
 Yes. Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. No. Continue to line 10.

10 See the instructions to determine if you can use line 11 or must complete lines 12 through 23.
 Yes. Continue to line 11. Compute your annual PTC. Then skip lines 12-23 No. Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals						
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
12 January	2,781.	0.	0.	0.	0.	0.
13 February	2,781.	0.	0.	0.	0.	0.
14 March	2,781.	2,025.	0.	2,025.	2,025.	1,862.
15 April	2,781.	2,025.	0.	2,025.	2,025.	1,862.
16 May	2,781.	2,025.	0.	2,025.	2,025.	1,862.
17 June	2,781.	2,025.	0.	2,025.	2,025.	1,862.
18 July	3,142.	2,274.	0.	2,274.	2,274.	2,154.
19 August	3,142.	2,274.	0.	2,274.	2,274.	2,154.
20 September						
21 October						
22 November						
23 December						

24 Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here	24	12,648.
25 Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here	25	11,756.
26 Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 5 (Form 1040), line 70, or Form 1040NR, line 65. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27	26	892.

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

27 Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	
28 Repayment limitation (see instructions)	28	
29 Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 46, or Form 1040NR, line 44	29	

Part IV Allocation of Policy Amounts

Complete the following information for up to four policy amount allocations. See instructions for allocation details.

Allocation 1

30	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage	

Allocation 2

31	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage	

Allocation 3

32	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage	

Allocation 4

33	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage	

34 Have you completed all policy amount allocations?

Yes. Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12-23, columns (a), (b), and (f). Compute the amounts for lines 12-23, columns (c)-(e), and continue to line 24.

No. See the instructions to report additional policy amount allocations.

Part V Alternative Calculation for Year of Marriage

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12-23, see the instructions for this Part V.

35	Alternative entries for your SSN	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month
36	Alternative entries for your spouse's SSN	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month

Form 8965Department of the Treasury
Internal Revenue Service

Name as shown on return

Robert J & Katrina Pitre

Health Coverage Exemptions

► Attach to Form 1040.

► Go to www.irs.gov/Form8965 for instructions and the latest information.**2018**Attachment
Sequence No. 75Your social security number
[REDACTED]

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

Part I Marketplace-Granted Coverage Exemptions for Individuals. If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

	(a) Name of Individual	(b) SSN	(c) Exemption Certificate Number
1			
2			
3			
4			
5			
6			

Part II Coverage Exemptions Claimed on Your Return for Your Household

7 If you are claiming a coverage exemption because your household income or gross income is below the filing threshold, check here ►

Part III Coverage Exemptions Claimed on Your Return for Individuals. If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

	(a) Name of Individual	(b) SSN	(c) Exemption Type	(d) Full Year	(e) Jan	(f) Feb	(g) Mar	(h) Apr	(i) May	(j) June	(k) July	(l) Aug	(m) Sept	(n) Oct	(o) Nov	(p) Dec
8	Robert Pitre	[REDACTED]	G	X												
9	Katrina Pitre	[REDACTED]	G	X												
10																
11																
12																
13																

Passive Activity Loss Limitations

OMB No. 1545-1008

► See separate instructions.

► Attach to Form 1040 or Form 1041.

► Go to www.irs.gov/Form8582 for instructions and the latest information.

2018

Attachment
Sequence No. 88

Name(s) shown on return

Robert J & Katrina Pitre

Identifying number

Part I 2018 Passive Activity Loss

Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.)

1a Activities with net income (enter the amount from Worksheet 1, column (a))

1b Activities with net loss (enter the amount from Worksheet 1, column (b))

1c Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))

1d Combine lines 1a, 1b, and 1c

1a	
1b	()
1c	()

1d

Commercial Revitalization Deductions From Rental Real Estate Activities

2a Commercial revitalization deductions from Worksheet 2, column (a)

2b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)

2c Add lines 2a and 2b

2a	()
2b	()

2c ()

All Other Passive Activities

3a Activities with net income (enter the amount from Worksheet 3, column (a))

3b Activities with net loss (enter the amount from Worksheet 3, column (b))

3c Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))

3d Combine lines 3a, 3b, and 3c

3a	0.
3b	(12,986.)

3c (96,265.)

3d -109,251.

4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used

4 -109,251.

If line 4 is a loss and:

- Line 1d is a loss, go to Part II.
- Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
- Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.**Part II Special Allowance for Rental Real Estate Activities With Active Participation**

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

5 Enter the **smaller** of the loss on line 1d or the loss on line 4

6 Enter \$150,000. If married filing separately, see instructions

7 Enter modified adjusted gross income, but not less than zero (see instructions)

Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.

8 Subtract line 7 from line 6

9 Multiply line 8 by 50% (0.50). **Do not** enter more than \$25,000. If married filing separately, see instructions

10 Enter the **smaller** of line 5 or line 9

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

6		5	
7			
8			

9

10 0.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions

12 Enter the loss from line 4

13 Reduce line 12 by the amount on line 10

14 Enter the **smallest** of line 2c (treated as a positive amount), line 11, or line 13

11	
12	
13	

14

Part IV Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total

16 **Total losses allowed from all passive activities for 2018.** Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return

15	0.
16	0.

Form 8582 (2018)

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 1a, 1b, and 1c.					

Worksheet 2—For Form 8582, Lines 2a and 2b (See instructions.)

Worksheet 2—For Form 8582, Lines 2a and 2b (See instructions.)			
Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b.			

2b Worksheet 3 – For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years		Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss	
Sky-View Ranch, LLC	0.	12,986.	92,148.			105,134.
Life Guide of America, LLC	0.	0.	4,117.			4,117.
Total. Enter on Form 8582, lines 3a, 3b, and 3c	0	12,986.	96,265.			

Worksheet 4—Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Worksheet 4—Use this Worksheet if an amount is shown on Form 8862, line 10 or 11 (see instructions)					
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total				1.00	

Total

Worksheet 5—Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Sky-View Ranch, LLC	E Ln 28C	105,134.	0.96231613	105,134.
Life Guide of America, LLC	E Ln 28H	4,117.	0.03768387	4,117.
Total	►	109,251.	1.00	109,251.

Worksheet 6—Allowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Sky-View Ranch, LLC	E Ln 28C	105,134.	105,134.	0.
Life Guide of America, LLC	E Ln 28H	4,117.	4,117.	0.
Total		109,251.	109,251.	0.

Worksheet 7—Activities With Losses Reported on Two or More Forms or Schedules (See instructions.)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule ►					
b Net income from form or schedule ►					
c Subtract line 1b from line 1a. If zero or less, enter -0- ►					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . ►					
b Net income from form or schedule ►					
c Subtract line 1b from line 1a. If zero or less, enter -0- ►					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . ►					
b Net income from form or schedule ►					
c Subtract line 1b from line 1a. If zero or less, enter -0- ►					
Total			1.00		

Additional information from your 2018 Federal Tax Return

Schedule E: Supplemental Income and Loss

Line 28: Income or Loss from Partnership and S corporations

Continuation Statement

L 2 7 T	Name	Code	For eign	EIN	Bas i s Com p	Not At Ris k	Passive Loss Allowed Amt	Passive Income Amt	Nonpassiv e Loss Amt	Sec 179 Expense Dedn Amt	Nonpassiv e Income Amt
D	Sky-View Ranch, LLC	P							12,986.		96,601.
E	R.K.C.J., LLC	P									0.
F	R.K.C.J., LLC	P									0.
G	Life Guide of America, LLC	P									0.
H	Life Guide of America, LLC	P						0.			
Total								0.	12,986.		96,601.